

# Application for Operator Certification Exam

1. Read all instructions and questions before filling out this application. 2. Please type or print (in ink) all answers. 3. Applications must be filled out completely. Answer each of the questions. If a question is not applicable, write NA. *Incomplete applications will be returned.* 4. Each application must be accompanied by a **CERTIFIED CHECK OR MONEY ORDER** for the amount of **\$30.50 payable to the Association of Boards of Certification**. 5. Send this application accompanied with a copy of any required transcripts to: Rhode Island Department of Health/Office of Drinking Water Quality/Three Capitol Hill/Providence, R.I./02908.

## A Application Information

Last Name First M.I.  
  
Title  
  
Home Address Street Apt. #  
  
City/Town State Zip

Work Address Street Apt. #  
  
City/Town State Zip Code  
  
Employer  
  
Work Telephone # Home Telephone #

## B Education

1. Check the highest grade completed.

A. Grade School:

( ) 1 ( ) 2 ( ) 3 ( ) 4  
( ) 5 ( ) 6 ( ) 7 ( ) 8

B. High School:

( ) 9 ( ) 10 ( ) 11 ( ) 12

2. Do you have a High School Diploma or equivalent? ( ) Yes ( ) No

3. College or University

a. Degree:\*

( ) AS ( ) BS ( ) MS ( ) AA ( ) BA ( ) MA

\*Copy of diploma MUST accompany all applications for Class 4 certification.

b. If no degree, # of Semester Hours Completed:\*\* \_\_\_\_\_

\*\* College transcript MUST accompany all applications for Class 4 certification.

4. Will you be taking an exam review course? ( ) Yes ( ) No

Name of Course: \_\_\_\_\_

Offered By: \_\_\_\_\_

## C Operator Grade Information

1. Treatment Certification

a. Are you currently a certified treatment operator in the State of Rhode Island? ( ) Yes ( ) No

b. Current treatment certification held: \_\_\_\_\_

c. Date treatment certification issued: \_\_\_\_\_

1. Distribution Certification

a. Are you currently a certified distribution operator in the State of Rhode Island? ( ) Yes ( ) No

b. Current distribution certification held: \_\_\_\_\_

c. Date distribution certification issued: \_\_\_\_\_

## D Exam Information

1. Grade of exam you are applying for: **(check only one)**

( ) 1T ( ) 2T ( ) 3T ( ) 4T

Treatment

( ) 1D ( ) 2D ( ) 3D ( ) 4D

Distribution

( ) VSS

Very Small System

2. Type of certification you are seeking\*: (check only one)

( ) Full Certification

( ) Operator in Training Certification (class VSS, 1, 2 & 3 only)

\*See section 8.0 of Regulations R23-65-DWQ

## E Experience

Furnish in following spaces a record showing in chronological order the different kinds of jobs you have had which involved drinking water treatment or distribution, starting with your present employment. Make additional copies of this page, as needed to list relevant employment.

### I. Present Position:

Title \_\_\_\_\_  
Date (when did this position begin) \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. a. Are you an operator? ( ) Yes ( ) No

b. Grade(s) of license(s) held:

If yes to #1, answer the following questions:

c. What is the classification of the Public Water System?

Distribution: ( ) VSSD ( ) 1D ( ) 2D ( ) 3D ( ) 4D  
Treatment: ( ) VSST ( ) 1T ( ) 2T ( ) 3T ( ) 4T

d. What is the Public Water System ID Number?

e. How many years have you worked as an operator of this system?

f. Do you supervise employees? ( ) Yes ( ) No

2. List duties and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_  
Date (when did this position begin) \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. a. Were you an operator? ( ) Yes ( ) No

b. Grade(s) of license(s) held:

If yes to #1, answer the following questions:

c. What is the classification of the Public Water System?

Distribution: ( ) VSSD ( ) 1D ( ) 2D ( ) 3D ( ) 4D  
Treatment: ( ) VSST ( ) 1T ( ) 2T ( ) 3T ( ) 4T

d. What is the Public Water System ID Number?

e. How many years have you worked as an operator of this system?

f. Did you supervise employees? ( ) Yes ( ) No

2. List duties and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## F Affidavit

"I \_\_\_\_\_, do solemnly swear  
(print name)

(affirm) that I am the applicant named in this application: that I have made or read the contents hereof, and to the best of my knowledge and belief the foregoing statements and answers are true in substance and effect and are made in good faith. I understand that misstatement of material facts may result in forfeiture of all rights to certification as a drinking water operator in Rhode Island.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE  
ONLY  
Received \_\_\_\_\_  
Cert. Fee \_\_\_\_\_  
Appl. No. \_\_\_\_\_  
Cert. No. \_\_\_\_\_  
Remarks \_\_\_\_\_